

• A R F W M

For the year January 1 - December 31, 1999, or fiscal year beginning _____, 1999, ending _____, 2000

Use IDAHO label. Otherwise, please print or type.	Your first name and initial	Last name	Your Social Security Number
	If a joint return, spouse's first name and initial	Last name	Spouse's Social Security Number
	Address (number, street and apartment number)		▲ IMPORTANT! ▲ You must enter your SSN(s) above.
	City, State and Zip Code		

If you and your tax preparer need Idaho income tax forms and instructions mailed to you next year, check the box. ☐

FILING STATUS	(MUST MATCH FEDERAL RETURN)		EXEMPTIONS	6a. <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	Enter number of boxes checked <input type="text"/>
	1. <input type="checkbox"/> Single			Caution: If your parent or someone else can claim you as a dependent on his or her tax return, DO NOT check box 6a.	
	2. <input type="checkbox"/> Married filing joint return (even if only one had income)			b. Number of your dependent children from federal form	<input type="text"/>
	3. <input type="checkbox"/> Married filing separate return Enter spouse's SSN above and full name here. _____			c. Number of other dependents from federal form	<input type="text"/>
	4. <input type="checkbox"/> Head of household Enter name of person who qualifies you. _____			d. Add lines 6a, b, and c.	<input type="text"/>
5. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: 19____					

ATTACH STATE W-2 COPIES HERE	IDAHO ELECTION CAMPAIGN FUND I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return)	7. Yourself	American Heritage	Democratic	Libertarian	Natural Law	Reform	Republican	No specific party
	8. Spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	

ATTACH STATE W-2 COPIES HERE	INCOME. See instructions, page 5.			
	9. Enter your federal adjusted gross income from federal Form 1040, line 33; federal Form 1040A, line 18; or federal Form 1040EZ, line 4. Attach a complete copy of your federal return.		9	00
	ADDITIONS. See instructions, page 5.			
	10. Federal net operating loss carryforward included in line 9	10	00	
	11. Capital loss carryforward incurred outside the state before becoming an Idaho resident	11	00	
12. Interest and dividends not taxable under federal law	12	00		
13. Other additions. Attach explanation.	13	00		
14. Income and additions. Add lines 9 through 13.	14	00		

ATTACH STATE W-2 COPIES HERE	SUBTRACTIONS. See instructions, pages 5 through 7.			
	15. Idaho net operating loss carryforward. Attach Form 56.	15	00	
	16. State income tax refund if included in federal income	16	00	
	17. Interest from U.S. Government obligations	17	00	
	18. Insulation of Idaho residence	18	00	
	19. Alternative energy devices. Attach Form 39.	19	00	
	20. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2.	20	00	
	21. Retirement benefits deduction. Attach Form 39.	21	00	
	22. Social security and railroad benefits, if included in federal income	22	00	
	23. Technological equipment donation	23	00	
	24. Idaho capital gains deduction. Attach Form CG.	24	00	
	25. Adoption expenses	25	00	
	26. Idaho medical savings account - contributions and interest	26	00	
	27. Other subtractions. Attach Form 39.	27	00	
28. TOTAL SUBTRACTIONS. Add lines 15 through 27.	28	00		

ATTACH PAYMENT HERE	29. TOTAL ADJUSTED INCOME. Subtract line 28 from line 14.		29	00
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SIGN HERE	Your signature	Date	Paid preparer's signature	Preparer's EIN, SSN, or PTIN
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone	Address and phone number	

Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

☐ Within 120 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN

30. TOTAL ADJUSTED INCOME. Amount from line 29.		30		00
TAX COMPUTATION. See instructions, pages 7 and 8.				
31. CHECK	a. If age 65 or older	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	
	b. If blind	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	
	c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 37 and 57. <input type="checkbox"/>			
32. Itemized deductions. Attach federal Schedule A. Federal limits apply.	32		00	
33. All state and local income taxes included on federal Schedule A, line 5	33		00	
34. Subtract line 33 from line 32.	34		00	
35. Standard deduction. See instructions, page 7.	35		00	
36. Subtract the LARGER of line 34 or 35 from line 30. If less than zero, enter zero.	36		00	
37. Multiply \$2750 by the number of exemptions claimed on line 6d. Federal limits apply.	37		00	
38. Taxable income. Subtract line 37 from line 36. If less than zero, enter zero.	38		00	
39. TAX from tables or rate schedule. See instructions, page 25.	39		00	
CREDITS. Limits apply. See instructions, pages 8 and 9.				
40. Income taxes paid to other states.	40		00	
Attach Form 39 and a copy of the other state return(s).	41		00	
41. Credit for contributions to educational entities	42		00	
42. Investment tax credit. Attach Form 49. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	43		00	
43. Credit for contributions to youth and rehabilitation facilities	44		00	
44. Credit for production equipment using post-consumer waste	45		00	
45. Natural resources conservation credit	46		00	
46. Promoter-sponsored event credit	47		00	
47. TOTAL CREDITS. Add lines 40 through 46.	48		00	
48. Subtract line 47 from line 39. If line 47 more than line 39, enter zero.	49		00	
OTHER TAXES. See instructions, page 9.				
49. Special fuels tax due. Attach Form 75.	50		00	
50. Sales/Use tax due on mail order and other nontaxed purchases	51		00	
51. Tax from recapture of Idaho investment tax credit. Attach Form 49R.	52		00	
52. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. <input type="checkbox"/>	53		10 00	
53. TOTAL TAX. Add lines 48 through 52.	54		00	
DONATIONS. See instructions, page 10.				
54. I wish to donate to the Nongame Wildlife Conservation Fund.	55		00	
55. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	56		00	
56. TOTAL TAX PLUS DONATIONS. Add lines 53 through 55.	57		00	
PAYMENTS and OTHER CREDITS. See instructions, page 10.				
57. Grocery credit. \$15 per person claimed on line 6d	58		00	
58. Additional grocery credit. \$15 per person 65 or older claimed on line 31a	59		00	
59. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39.	60		00	
60. Special fuels tax refund <input type="checkbox"/> Gasoline tax refund <input type="checkbox"/> Attach Form 75.	61		00	
61. Idaho income tax withheld. Attach Form(s) W-2.	62		00	
62. 1999 Form 51 payment(s) and amount applied from 1998 return	63		00	
63. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 57 through 62.	64		00	

If line 56 is more than line 63, GO TO LINE 64. If line 63 is more than line 56, GO TO LINE 67.

REFUND or TOTAL DUE. See instructions, pages 10 and 11.				
64. TAX DUE. Subtract line 63 from line 56.	64		00	
65. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total.	65		00	
Check the box if the penalty is due to an ineligible withdrawal from an Idaho medical savings account. <input type="checkbox"/>	66		00	
66. TOTAL DUE. Add lines 64 and 65. Make check or money order payable to the Idaho State Tax Commission.	67		00	
67. OVERPAID. Line 63 minus lines 56 and 65. This is the amount you overpaid.	68		00	
68. REFUND. Amount of line 67 to be refunded to you.	69		00	
69. ESTIMATED TAX. Amount of line 67 to be applied to your 2000 estimated tax.	70		00	